

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
STATEMENT OF INDIVIDUAL DECLINING PDD WAIVER SERVICES

Please Type or Print

Individuals Name: _____

Social Security Number: _1_ _2_ _3_ _4_ _5_ _6_ _7_ _8_ _9_

I, _____, as recipient/legal guardian of recipient/family member of recipient, have decided at this time to not pursue enrollment in the PDD Waiver. I understand that declining participation now does not prohibit me from reapplying for the PDD Waiver in the future.

I understand that this decision does not directly affect my eligibility for other services available through the South Carolina Department of Disabilities and Special Needs.

Individual/Legal Guardian

Date

Service Coordinator/ Early Interventionist

Date

Original: File Copy: Consumer/Legal Guardian and District MR/RD Waiver Coordinator